



State of Rhode Island
Department of Business Regulation



DIVISION OF COMMERCIAL LICENSING & REGULATION
233 RICHMOND STREET
PROVIDENCE, RI 02903
PHONE 222-2416
www.dbr.state.ri.us

MOTOR VEHICLE GLASS INSTALLATION
APPLICATION INSTRUCTIONS

JANUARY 1, 2004 - DECEMBER 31, 2006

- 1). Completely fill out the attached license application. Attach separate sheets with information if space on application is insufficient.**
- 2). Attach a certificate of insurance, issued by an insurance company authorized to transact business in this State, showing the applicant has a policy insuring against liability for injury to persons and damage to property which may be caused by the operation of an automobile repair shop. Such policy must provide for indemnity in the sum of not less than twenty-five thousand (\$25,000) in the case of one (1) person injured and not less than fifty thousand (\$50,000) in the case of injury of two (2) or more persons injured in any one accident. The policy must provide for indemnity of not less than twenty-five thousand dollars (\$25,000) for damage to property. Said insurance policy shall be non-cancelable by either party except after five (5) days notice to the Department, said cancellation notice to be furnished by the insurance or surety company.**
- 3). Include the license fee of (\$450) for (3) years, (\$150.00 per year), by check payable to the Rhode Island General Treasurer. Fees may be pro-rated.**
- 4). Attach proof of zoning.**
- 5). Sign BCI waiver form**



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**APPLICATION FOR NEW LICENSE
FOR MOTOR VEHICLE GLASS INSTALLATION REGULATION
JANUARY 1, 2004- DECEMBER 31, 2006**

(IN ACCORDANCE WITH TITLE 5, CHAPTER 38, OF THE GENERAL LAWS OF RHODE ISLAND).

OWNER'S NAME _____ D.O.B. _____

OWNER'S ADDRESS _____ HOME
PHONE# _____

BUSINESS NAME _____

BUSINESS ADDRESS _____ BUSINESS
PHONE# _____

CITY/ZIP CODE _____

CORPORATION: NO _____ YES _____ * IF YES, LIST OFFICERS NAMES AND
ADDRESSES AND INCLUDE A COPY OF CORPORATE PAPERS.

PRESIDENT _____ D.O.B. _____

ADDRESS _____

VICE PRESIDENT _____ D.O.B. _____

ADDRESS _____

TREASURER _____ D.O.B. _____

ADDRESS _____

SECRETARY _____ D.O.B. _____

ADDRESS _____

STOCKHOLDERS NAMES AND ADDRESSES: _____

NUMBER OF SHARES OF STOCKS AUTHORIZED TO BE ISSUED: _____

NUMBER OF SHARES OF STOCKS ISSUED AND THE AMOUNT TO EACH
SHAREHOLDER: _____

PARTNERSHIP: NO _____ YES _____ IF YES, LIST NAMES AND ADDRESSES OF
ALL PARTNERS: _____

LIMITED LIABILITY COMPANY: NO _____ YES _____ IF YES, PLEASE LIST
NAMES AND ADDRESSES OF MEMBERS: _____

HAVE YOU, A PARTNER, MEMBER, OFFICER OR STOCKHOLDER EVER PLEAD NOLO
CONTENDERE TO A MISDEMEANOR OR FELONY:

NO _____ YES _____

IF YES, PLEASE GIVE DETAILS _____

HAVE YOU, A PARTNER, MEMBER, OFFICER OR STOCKHOLDER EVER BEEN A PARTY
IN ANY PROCEEDINGS (CIVIL, CRIMINAL OR OTHERWISE) INVOLVING FRAUD, DECEIT
OR MISREPRESENTATION:

NO _____ YES _____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU, A PARTNER, MEMBER, OFFICER OR STOCKHOLDER EVER BEEN
INVOLVED IN ANY MOTOR VEHICLE REPAIR BUSINESS WHICH HAD AN APPLICATION
FOR A LICENSURE DENIED OR HAD A LICENSE SUSPENDED, REVOKED OR
SURRENDERED:

NO _____ YES _____ IF YES, PLEASE EXPLAIN: _____

IS THIS YOUR FIRST AUTO BODY LICENSE: YES _____ NO _____
IF NO, PLEASE LIST NAME OF FORMER BUSINESS AND LICENSE
NUMBER _____

DO YOU CURRENTLY HOLD A LICENSE FOR:

NEW VEHICLE DEALER: NO _____ YES _____ IF YES, LICENSE # _____

ADJUSTER/APPRaiser: NO _____ YES _____

INDICATE ANTICIPATED SQUARE FOOTAGE OF PROPOSED SHOP _____

TYPE OF EQUIP USED _____

APPROXIMATE COST OF EQUIPMENT_____

Page 3 - Motor Vehicle Glass Installation Application

DESCRIBE SECURED STORAGE AREA FOR DAMAGED VEHICLES_____

**LIST NAMES AND ADDRESSES OF ALL PAID OR UNPAID EMPLOYEES OR AGENTS
WORKING AT THE BUSINESS:**

**PLEASE TAKE NOTE: R. I. GENERAL LAWS § 5-38-11 "RESPONSIBILITY OF LICENEE FOR ACTS
OF AGENTS" IF A LICENSEE IS A FIRM OR CORPORATION IT SHALL BE SUFFICIENT CAUSE FOR
SUSPENSION OR REVOCATION OF A LICENSE IF ANY OFFICER, DIRECTOR, OR TRUSTEE OF THE
FIRM OR CORPORATION OR ANY MEMBER IN THE CASE OF A PARTNERSHIP, SHALL HAVE BEEN
FOUND BY THE DEPARTMENT GUILTY OF ANY ACT OR OMISSION WHICH WOULD BE CAUSE
FOR REFUSING, SUSPENDING OR REVOKING A LICENSE TO SUCH PARTY AS AN
INDIVIDUAL....."**

SIGNATURE OF PRINCIPAL OWNER/OR AUTHORIZED SIGNATORY:

DATE:_____

PRINT NAME_____

TITLE:_____ **ADDRESS**_____

SEAL OF NOTARY PUBLIC: SUBSCRIBED AND SWORN TO AT_____

BEFORE ME THIS_____ **DAY OF** _____ **A.D., 20**_____

NOTARY PUBLIC_____

WAIVER

I, _____, of _____
(applicant name) (address)

having date of birth of _____ and social security number of _____ am applying for a _____ license with the Department of Business Regulation and hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Department of Business Regulation any criminal record or other disposition that that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, the employees of the Attorney General's Office and officials of the Department of business Regulation in both law and equity which I may now have or in the future may have.

(Signature of Applicant)

Sworn to before me on this _____ day of _____, 20____.

(Notary Public)

My Commission Expires: _____